FLORIDA INTERNATIONAL UNIVERSITY
SMALL TRADES QUALIFICATIONS SUPPLEMENT (FIU STQS)

Contractor Information

Company Name: _____

Company's country of incorporation (if unincorporated, provide the principal place of business): _____

Is the Company a subsidiary or affiliate of a parent company? _____**Yes** _____**No**

If "Yes", provide the name of the parent company and its country of incorporation.

Parent Company Name: _____ **Country of Incorporation:** _____

Trade(s): _____

Business Address: _____

Primary Contact: _____

Phone: _____

Email: _____

Website: _____

Federal Tax ID (EIN): _____

Florida Contractor License Number (if applicable): _____

Years in Business: _____

Required Attachments

- FIU Small Trades Worksheets (ATTACHMENT #2)
- FIU Small Trades Contractor Reference Check Form (ATTACHMENT #3)

Also please include the following:

- Current Florida Contractor License (if required for your trade)

- The evidence of insurability set forth in Section 5 of the Insurance Requirements found at https://facilities.fiu.edu/Planning/Documents/FormsAndStandards/FIU_Small_Trades_SOP_Insurance_Requirements.pdf .
- IRS form W-9
- Financial Reference or Bank Reference Letter (if requested)
- EMR (Experience Modification Rate), if available

Trade Experience

Describe the scope of work your company performs.

List up to five projects completed within the last five years that best represent your experience.

	Project Owner	Contract Value	Completion Date	Project Description
1.				
2.				
3.				
4.				
5.				

Company Personnel

Total Employees: _____

Project Managers: _____

Superintendents/Foremen: _____

Field Employees: _____

Office Staff: _____

Identify the primary personnel who will supervise service(s) provided:

Name:

Position:

Years with Company:

Relevant Experience:

Safety Program

Does your company have a written safety program?

☐ Yes ☐ No

Current EMR: _____

Number of OSHA recordable incidents during the last three years:

Has your company received any OSHA citations within the past three years?

☐ Yes ☐ No

If yes to any of the above statements, explain.

Quality Control

Describe how your company ensures quality workmanship.

Scheduling & Project Management

Describe how your company manages manpower, schedules, and project coordination.

Financial Information

*** Download and provide the appropriate Small Trades worksheet related to your specific trade (Attachment 2) from the FMD website and fill out your company's information.**

The prices set forth in the Contractor's initial price sheet shall remain firm for the initial one year term. For each subsequent renewal term (Years 2 through 5), the contractor may submit a request for a negotiated annual price adjustment in accordance with the procedures and limitations set forth in the Continuing Services Agreement. Annual price adjustments will be capped. If a Contractor does not submit an adjustment request by the submission deadline, the Contractor's rates in effect during the then-current term shall automatically carry forward unchanged into the upcoming renewal term.

References**

Provide at least three business references using the Small Trades Contractor Reference Check Form provided in ATTACHMENT 3.

**** Download and provide the appropriate Small Trades contractor reference check form worksheet related to your specific trade (Attachment 3) from the FMD website and fill out your company's information.**

Litigation History

**** Download and provide Litigation and Claims History Disclosure Form from the FMD website.**

The Litigation and Claims History Disclosure Form must be completed signed, and submitted as part of your response. Every question must be answered. A "Yes" answer does not automatically disqualify a company; however, failure to disclose required information, or providing false or misleading information, may result in the response being deemed non-responsive and the company being deemed non-responsible, and may be grounds for contract termination if discovered after award.

FIU reserves the right to conduct independent litigation searches on all applicants. FIU's review will be limited to litigation relevant to the provision of professional services. Such searches are not a scored or weighted evaluation criterion; they serve as a background due diligence measure only. FIU reserves the right to request that any applicant provide written context and explanation regarding any matter identified through its review. As part of its litigation review under this provision, or based on FIU's own knowledge, any past or current litigation between the applicant and FIU will be considered in FIU's evaluation of the applicant's suitability. Particular consideration will be given to any matters that have occurred or are ongoing within the five (5)

years preceding the submission date. In evaluating any such matters, FIU will consider the nature, scope, and subject matter of the litigation; whether the matter has been resolved and on what terms; and the overall pattern of the applicant's professional relationship with the university. FIU will not treat the mere existence of prior litigation as disqualifying. Notwithstanding the foregoing, FIU further reserves the right to disqualify any applicant that is a party to current, active litigation with FIU, as such a relationship would present a direct conflict of interest and an unacceptable risk to the university's ability to obtain unencumbered professional services. FIU reserves the right to request a written response from any applicant regarding identified litigation prior to making a final determination. The Selection Committee's determination shall be documented in the selection record.

Certification

The undersigned certifies that the company has not been convicted of a public entity crime within the past 36 months, as set forth in Section 287.133, Florida Statutes.

The undersigned further certifies that the information provided in this qualification package is true and complete to the best of his/her knowledge. The undersigned understands that submission of this form does not guarantee approval or award of work.

Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

Company Seal (if applicable)